

GEORGIA DEPARTMENT OF REVENUE

Use Tax Questionnaire:

Taxpayer Name _____

1. Have you ever made purchases, other than for resale which no tax has been paid? ____ Yes ____ No
2. Have you made purchases of any of the following from an out-of-state supplier? ____ Yes ____ No
If yes, please check all applicable boxes below:

- ☐ Office Furnishings
- ☐ Office Equipment
- ☐ Computer Hardware or Canned Computer Software
- ☐ Reference materials as books, periodicals
- ☐ Internet Purchases
- ☐ Office or Janitorial Supplies
- ☐ Other _____

3. Have you ever withdrawn goods from inventory for your own use which no tax has been paid? ____ Yes ____ No

If you have answered yes to any of the above questions, please complete the attached Use Tax Calculation Form and return to the address listed below:

4. Are you currently licensed with the Georgia Department of Revenue? ____ Yes ____ No
If registered, please provide your registration license number: _____

5. Please complete the box below and return this form and if applicable the Use Tax Calculation Form to:
Georgia Department of Revenue
Compliance Division
1800 Century Blvd. #18104
Atlanta, GA 30345

I declare that the information supplied in response to this questionnaire and the attached Calculation Form is to the best of my knowledge true, correct and complete.

Signature of Corporate Officer, Partner, Owner or Individual

Date: _____